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**** CONTINUING DATA ******* None SN

**** FOREIGN APPLICATIONS ******* None JH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 17	TOTAL CLAIMS 44-11	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance JN	Examiner's Signature	Initials		

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TITLE

TELECOMMUNICATIONS CONNECTION CABINET

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